**Full and partial scholarships are available to EAT participants.**

To apply for a scholarship, please submit your completed scholarship application and supporting financial documents. This application must be filled out in its entirety. Applications will be reviewed once we receive all **required documents**.

**Proof of income and prior year tax return are required to be considered for a scholarship.** *Proof of income is only required once per year.*

Scholarship decisions are made by the Scholarship Committee of Equine-Assisted Therapy and are greatly determined by individual need and available scholarship funds at the time of request. Once the committee has determined scholarship amount, you will be notified of your application status and the remaining fees due to EAT.

Thank you for applying for a scholarship through Equine-Assisted Therapy.

**What to submit:**

**Required Documents**

1. **Prior year income tax return**
2. **Confidential Scholarship Application Form**

Optional Additional Documents

1. prior or current month’s paycheck stubs
2. letter proving low income support from the government

**Where to submit:**

**By fax:** 636-587-6100

**By mail:** Equine-Assisted Therapy, Inc

3369 Highway 109

Wildwood, MO 63038

*If you have questions about this form, please call the EAT office at 314-971-0605.*

**2022 Confidential Scholarship Application Form**

**(Submit this form with Prior Year Income Tax Return)**

|  |  |  |
| --- | --- | --- |
| **Contact & Personal Information** | | |
| **Participant’s First and Last Name:** | | |
| **Parent(s)/Guardian(s):** | | |
| **Street:** | | **Apt:** |
| **City:** | **State:** | **ZIP Code:** |
| **Home Phone:** | **Work Phone:** | **Cell Phone:** |
| **Email:** | | |
| **Number of individuals in family:** | | |

|  |
| --- |
| **Financials** |
| **I can pay** $      towards lesson fees. *2022 fees: $52/EAA class ($312/6-week session)* |
| **Savings Total (IRA’s, Bank Accounts, CD’s, Stocks, and Other Savings):** |

|  |  |
| --- | --- |
| **Income** | |
| **Salary** | /mo |
| **Spouse Salary** | /mo |
| **Child Support** | /mo |
| **ADC** | /mo |
| **Medicaid** | /mo |
| **Pension** | /mo |
| **Social Security** | /mo |
| **Disability** | /mo |
| **Other** | /mo |

|  |  |
| --- | --- |
| **Expenses** | |
| **Mortgage/Rent** | /mo |
| **Utilities** | /mo |
| **Food** | /mo |
| **Child Care** | /mo |
| **Medical Expenses** | /mo |
| **Credit Cards** | /mo |
| **Leisure** | /mo |
| **Education** | /mo |
| **Other** | /mo |

|  |  |  |
| --- | --- | --- |
| **I certify that the information provided above is accurate to the best of my knowledge.** | | |
| **Name:** | **Signature:** | **Date:** |

**Submit Required Documents (prior year income tax return and Confidential Scholarship Application)**  
and Optional Additional Documents (prior or current month’s paycheck stubs and/or letter proving low income support from the government).

**Fax to:** 636-587-6100, **or mail to:** Attn: Equine-Assisted Therapy, 3369 Hwy 109, Wildwood, MO 63038

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Office Use Only** | | | | |
| **Session cost:** | **Scholarship per session:** | | **Date granted:** | **Initial:** |
| **Scholarship valid until:** | | **Date:** | | |
| **Notes:** | | | | |